

# **Exhibit G**

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

## PROOF OF CLAIM

Name of Debtor  
Sentinel Management Group, Inc.Case Number  
07-14987

Judge Initials: JHS

Trustee

File Claim Form With:  
United States Bankruptcy Court  
P.O. Box A3613  
Chicago, Illinois 60690-3612**NOTE:** This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.Name of Creditor (The person or other entity to whom the debtor owes money or property):  
Henry Shakin

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.



Name and Address where notices should be sent:

Henry Shakin  
141 W Jackson Blvd  
Suite 300  
Chicago, IL 60604-3123

Telephone Number: 312-347-1704

THIS SPACE IS FOR COURT USE ONLY

Last four digits of account or other number by which creditor identifies debtor:

HSH 001-USD-001

Check here if ☐ replaces a previously filed claim, dated: \_\_\_\_\_  
this claim ☐ amends

## 1. Basis for Claim

- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☒ Other Cash deposited for investment
- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Last four digits of your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

## 2. Date debt was incurred:

VARIOUS &amp; ONGOING FROM 12/29/03

## 3. If court judgment, date obtained:

4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.

Unsecured Nonpriority Claim \$ 453,830.78 PLUS EARNINGS ON INVESTMENTS AFTER 2/13/07 (See Rider)  
☒ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

## Secured Claim

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

## Unsecured Priority Claim

- ☐ Check this box if you have an unsecured priority claim, all or part of which is entitled to priority

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

- ☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
- ☐ Wages, salaries, or commissions (up to \$10,950)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).

- ☐ Up to \$2,425\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. Total Amount of Claim at Time Case Filed: \$ 453,830.78 Same Same 453,830.78  
(unsecured) (secured) (priority) (Total)☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. See NOTE in item 4 above

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date 9-17-07 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

H. Shakin

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FILED  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

OCT 01 2007

KENNETH S. GARDNER, CLERK  
PS REP. - DDS

**HENRY SHATKIN  
RIDER TO ITEM #4  
PROOF OF CLAIM  
CASE NUMBER 07-14987**

Claimant is informed, and believes, that some, or all, of the securities represented on his statement , are missing, that his claim exceeds the value of the remaining securities represented on his statement, and that he has a direct ownership interest and priority in those securities represented on his statement.

# SENTINEL

Sentinel Management Group, Inc.

Account No. HSH001-USD-001	Account Name: Henry Shatkin	13-Aug-2007	Page 1
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For the attention of:  
Attn: Al Goldberg  
Henry Shatkin  
141 W Jackson BLVD  
Suite 300  
Chicago, IL 60604

For the account of:  
Henry Shatkin  
141 W Jackson BLVD  
Suite 300  
Chicago, IL 60604

## Daily Account Activity

Transaction No.	Description of Transaction	Principal Amount	Income Amount
	Beginning Balance		882.67
	Sale of Securities	452,715.15	
0000637269	Interest Income		250.88
0000637270	Management Fee		-17.92
0000637549	Reinvestment		-1,000.00
0000637550	Reinvestment	1,000.00	
	Purchase of Securities@ 6.35	-453,715.15	
	Ending Balance		115.63

## Asset List

CUSIP	Security Description	Units	Cost	Market Value
01450AAJ9 MTGE	ALESC 11A COM	15,779.08	15,367.06	15,407.91
863121208 PFD	STRATS 0	631.16	15,022.64	15,078.41
87330WAJ6 MTGE	TBRNA 2005-3A D	3,155.82	3,038.26	3,112.91
87331VAL2 MTGE	TBRNA 2007-8A E	15,779.08	16,194.09	16,209.61
87330UAK7 MTGE	TBRNA 2005-2A E1	23,005.91	20,835.05	20,902.77
73941X676 PFD	PPLUS 4.2828	631.16	13,264.77	13,332.42
87331AAJ3 MTGE	TBRNA 2006-6A E1	15,779.08	15,774.73	15,788.82
PP3H0ASH9	.XXIII 0 12/22/36	105,388.51	100,686.33	100,699.78
PP3H0ASK2	.PXXV 0 06/22/37	31,558.17	30,646.30	30,674.54
741382AJ4 CORP	PRETSL 1.2 03/22/38	15,779.08	15,613.18	15,629.63
741382AL9 CORP	PRETSL 0 03/22/38	56,489.12	49,699.07	49,710.43
PP3H0ASI7 CORP	.PXXII 0 09/22/36	96,883.58	91,218.81	91,235.27
16705EDJ9 MTGE	CHEYF 2005-12MC M12B	15,779.08	15,905.49	15,922.02
74042HAB3 CORP	PRETSL 0 12/22/35	1,577.91	1,577.97	1,592.38
74042JAE3 CORP	PRETSL 0 03/22/38	23,510.84	23,722.78	23,730.25
74041UAE9 CORP	PRETSL 0 06/24/34	24,343.97	25,148.62	25,174.60
		446,071.55	453,715.15	454,201.75

## Account Summary

Net Equity: 453,830.78  
Net Interest: 232.96  
Net Interest Rate: 6.18

## Terms and Conditions

The parties herein acknowledge their duty to examine the statement and to immediately report any discrepancies herein